

Seattle Fire Marshal's Office

220 3rd Avenue S. Seattle, WA 98104-2608

Phone: 206-386-1450 Fax: 206-386-1348



System Test Report

FIRE PUMP		STATUS		
<input type="checkbox"/> Confidence Test	<input type="checkbox"/> Reacceptance Test	<input type="checkbox"/> Red	<input type="checkbox"/> Yellow	<input type="checkbox"/> White
Occupancy Information				
Occupancy Name:		Contact Name:		
Occupancy Address:		Contact Phone:		
		Contact Email:		
Seattle Fire Alarm Inventory				
System Make:		System Model:		
Control Panel Location:				
Inspection & Testing Agency Information				
Name:		Phone:		
Address:		Emergency Phone:		
		Email:		
Inspector/Tester Information				
Name:		Phone:		
SFD Certification No.: SCP-_____				
Fire Pump				
Date of Test:				
The items in the checklists below shall be inspected and tested. This list does not constitute all of the required inspecting and testing of the fire and life safety system(s). Refer to the CURRENT FIRE CODE AND REFERENCED NFPA 25 STANDARD and the MANUFACTURER'S INSTRUCTIONS for weekly, monthly, and quarterly requirements for inspection and testing				
PRE-TEST CHECKS				
AVOID UNNECESSARY ALARMS BY PUTTING THE FIRE ALARM SYSTEM IN TEST MODE. Failure to place the Fire Alarm System (FAS) into test mode and/or taking other precautions to may cause preventable alarms.				
1. Routine maintenance is being performed (including weekly pump tests w/o flow) and records are being kept in accordance with NFPA 20 and NFPA 25		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2. The suction screens were inspected and cleared.		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3. All signs, placards, and labels are provided on doors and system controls.		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
ELECTRIC PUMP - Electrical based on NFPA 20 test procedures				
0 gpm (churn)	Ph1	Ph2	Ph3	
Amperage				
Voltage				

100% gpm	Ph1	Ph2	Ph3
Amperage			
Voltage			
150% gpm	Ph1	Ph2	Ph3
Amperage			
Voltage			
6. The electric pump ran properly for a minimum 10 minutes.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
DIESEL PUMP			
7. Oil level is OK.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Coolant level is full.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. The hydrometer reading indicates that the antifreeze protection is adequate.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. The fuel filter/strainer was serviced.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. The diesel engine/pump operated properly for a minimum 30 minutes.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
PUMP CONTROLLER(S)			
12. The fire pump controller is listed and operates according to NFPA 20 standards.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. The controller regulates the jockey pump as required by NFPA 20		<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. The controller regulates the fire pump as required by NFPA 20		<input type="checkbox"/> Yes	<input type="checkbox"/> No
PUMP TEST			
15. When the Pump starts from pressure drop the start pressure is 5 psi below the start point of the jockey pump.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
16. The pump runs smoothly without unusual noise or vibration. (For standards regarding pump vibration see Hydraulics Institute Standards for Centrifugal, Rotary and Reciprocating Pumps – Ref. NFPA 20 6.5.2 and 14.2.6)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
17. If due, the gauges passed a 5-year pressure gauge comparison test with a calibrated gauge and were recalibrated or replaced if necessary.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
18. The pump performs at its rated capacity (RC) and at 150% of its RC (or the capacity that the supply will accommodate above the RC if it is less than 150%).		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Churn		100 % RC	150% RC
Actual Test RPM			
Test Capacity (100%)		Test Peak Flow gpm (150%)	
Pitot or Flowmeter Reading			
Pre-test psi	Churn psi (0 flow)	RC psi	150% RC psi
PSI Reading on Discharge Gauge			
Pre-test psi	Churn psi (0 flow)	RC psi	RC psi
PSI reading on Suction Gauge			
19. Hose size in.:			
20. Tip size in.:			
21. Hose length ft.:			
22. The shaft seals are dripping water properly.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
23. The system pressure relief valve operates properly.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
24. The Casing relief valve operates properly.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
25. The fire alarm panel monitors the fire pump.		<input type="checkbox"/> Yes	<input type="checkbox"/> No

TRANSFER SWITCH		
26. A simulated power failure during peak flow automatically activated the transfer switch within 10 seconds.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
27. After the automatic connection was made to an alternate power source peak flow was redelivered within 30 seconds.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
28. The manual emergency transfer equipment operated properly during peak flow and peak flow was redelivered within 30 seconds.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
FINAL CHECKS		
Put the Fire Alarm back into service and/or other precautionary measures that were made to restore fire alarm system to normal operation (includes removal of protective coverings).		
29. The confidence test report was given to the owner, current status tag was posted, and report was recorded in The Compliance Engine.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
By accepting this statement I, the certified technician shown on this form, certify that this fire protection system(s) has been properly inspected for functional operation in accordance with the current Fire Code (FC) used by the department that has jurisdiction and NFPA Standards adopted by the FC for this system. Any deficiencies found are noted in the report and have been reported to the building Owner/Manager for corrective action.		
I am authorized to submit this report for the certified technician who has accepted this statement.		
SIGNATURE (OPTIONAL)		
Signature of Technician		
Signature of Building Representative		

System Testing Reports Must Be Submitted Online

Submit reports to <http://www.thecomplianceengine.com/>